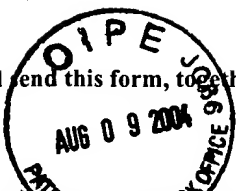


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
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 Alexandria, Virginia 22313-1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21186 7590 05/06/2004

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
 P.O. BOX 2938
 MINNEAPOLIS, MN 55402

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Lynne Mitchell-Becker	(Depositor's name)
Lynne Mitchell-Becker	(Signature)
8/6/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/884,434	06/19/2001	Rudy A. Mazzocchi	723.020US1	9942

TITLE OF INVENTION: SYSTEM AND METHOD OF MINIMALLY-INVASIVE EXOVASCULAR ANEURYSM TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 1330.00	\$300	\$965	08/06/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
PEFFLEY, MICHAEL F	3739	606-057000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
 2. **Schwegman, Lundberg,**
 3. **Woessner & Kluth, P.A.**

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Image-Guided Neurologics Melbourne, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☐ Payment by credit card. Form PTO-2038 is attached.
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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

S. A. [Signature] August 6, 2004

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03 FC:8001	30.00 OP

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rudy A. Mazzocchi et al.

Title: SYSTEM AND METHOD OF MINIMALLY-INVASIVE EXOVASCULAR ANEURYSM TREATMENT

Docket No.: 723.020US1

Filed: June 19, 2001

Examiner: Michael Peffley

Customer No.: 21186

Serial No.: 09/884,434

Due Date: August 6, 2004

Group Art Unit: 3739

Confirmation No.: 9942

Commissioner for Patents

Attn: MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

Notice of Allowance Date:

May 6, 2004

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☒ A check in the amount \$ 30.00 to cover the Extra Patent Copies Fee (10 copies).

☒ Issue Fee Transmittal (Form PTOL-85).

☒ A check in the amount \$ 300.00 to cover the Publication Fee Payment.

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Please charge any additional required fees for the Issue Fee Payment or credit overpayment to Deposit Account No. 19-0743.

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

Customer Number: 21186

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Lynne Mitchell-Becker
Name

Lynne Mitchell-Becker
Signature